

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

1. CIR./DIST./DIV. CODE NJX0312	2. PERSON REPRESENTED BRIAN PHELPS		VOUCHER NUMBER <i>105</i>																																																																																						
3. MAG. DKT./DEF. NUMBER 18-MJ-1535(DEA)	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																						
7. IN CASE/MATTER OF (Case Name) USA V. TAYLOR	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC																																																																																						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21 United States Code, Sections 841(a)(1) and (b)(1)(A) & 21 United States Code, Section 846.																																																																																									
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>John Holliday, Esq. 2273 State Highway Trenton, NJ 08690</i> Telephone Number : 609-587-1010	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Appointment Dates: <i>10/25/18</i> Signature of Presiding Judge or By Order of the Court <i>10/25/18</i> Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																								
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)																																																																																									
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